



## **Covered Services through**

### **KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM**

In order to receive services through this program, farmworkers and their family members must register through a local health department or community clinic that participates with this program and obtain a voucher. This program will only pay for covered services and the client may be responsible for services that are not covered by the program or for a portion of services that are covered. **This program is not health insurance only an assistance program.**

**THIS PROGRAM DOES NOT COVER HOSPITALIZATIONS, INPATIENT SERVICES OR FOR EMERGENCIES. THE PROGRAM IS LIMITED TO PRIMARY AND PREVENTIVE HEALTH CARE.**

Healthcare organizations approved as Access Point Agencies or participating as referral providers may request payment for the following services.

**Immunizations:** Administration fee is the same as that paid by Medicaid rate.

**Screening Tests:** Includes common testing by healthcare providers to determine risks or exposure for specific disease or conditions, paid at Medicaid rate.

#### **Physical Examination:**

**Child examination**-includes (but not limited to) health history, physical exam, height, weight, hemoglobin, nutrition evaluations, development assessment, immunization history, appropriated health education and screening for age.

**Adult examination**-includes (but not limited to) health history, physical exam, height, weight, nutrition evaluation and immunization history, appropriated health education and screening for individual age and gender.

Payment for both adult and child examination paid as an office visit along with other billable services at Medicaid rate.

**Brief Office Visit:** A brief office visit is made to a primary care provider (physician, physician assistant, or advanced practice nurse practitioner) for acute illness care, evaluation or follow-up. Payment is limited to \$40 per visit with a client co-pay of \$10 to \$25, depending on the clinic, paid to the voucher provider. (Federally Funded Section 330 Community Health Centers are paid \$30 per office visit along with their sliding scale fee ((not to exceed \$25)) as funds allow.) Office procedures are reimbursed at Medicaid rate.

**Mental Health:** A visit for prevention, evaluation and/or treatment of a mental health issue or disorder, paid at Medicaid rate.

**Substance Abuse:** A visit for alcohol or drug abuse services, including assessment and diagnosis, treatment or aftercare, paid at Medicaid rate.

**Laboratory/X-ray:** Services paid at Medicaid rate. **The Regional Case Manager or Program Director must authorize all services over \$150.**

**Vision Care:** A visit for a comprehensive eye exam performed for the purpose of early detection, care, treatment and prevention. Eyeglasses or corrective lenses **are not** paid by KSFHP. However, KSFHP staff will work with local providers to identify other possible resources to meet these needs. Visits associated with illness or injury of the eye or annual dilated eye exams for patients with diabetes are covered by KSFHP.

**Pharmaceutical:** Prescription drugs (generic when available) are limited to \$150 per year per client, and up to \$300 for clients with diabetes. Clients are asked to pay the first \$5 of the prescription if income is sufficient and are responsible for any amount over the \$50 value of the voucher. **KSFHP will not pay over the counter drugs without authorization from the Regional Case Manager or Program Director. Refills will be paid for only on prescriptions originating from health care visits through KSFHP and on authorized diabetic supplies.**

**Prenatal Care:** All pregnant women must be screened for Medicaid/SCHIP eligibility. All non-Medicaid/SCHIP eligible pregnant women are referred to low-cost prenatal care in their area. With regional case manager authorization, KSFHP may pay a portion of prenatal care visits especially when no low cost prenatal services are available within the geographic area. Clients will also be responsible for a portion of their prenatal office visits. If prenatal care is authorized, KSFHP will also pay associated prenatal labs and one ultrasound at Medicaid rate. Further ultrasounds, fetal stress and other tests must be authorized through the Regional Case Manager or Program Manager.

**Dental:** Dental services **are not** restricted to emergency treatment of pain and infection. Dental services include oral exams, child and adult prophylaxis, sealants, child and adult fluoride treatment, restorative services, oral surgery and rehabilitative services. Payments for dental services are paid at 100% for the first \$100 of charges and fifty percent of the next \$400 (for a KSFHP total of \$300) per year, per farmworker client. Clients are responsible for the other fifty percent and the remainder of charges not paid by KSFHP.

**If you have questions please call your regional case manager.**